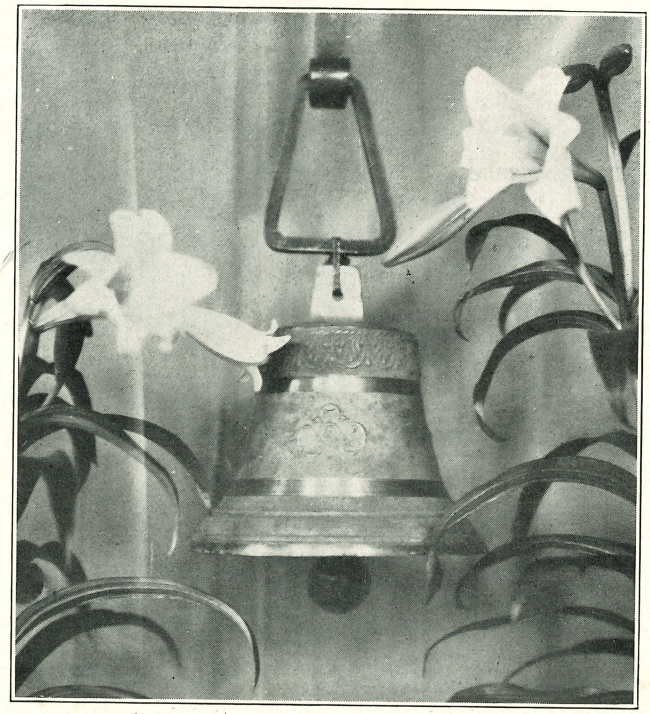
The MEDICAL MISSIONARY



ANGELUS BELL
at the Medical Mission House

SOCIETY OF CATHOLIC MEDICAL MISSIONARIES A.D. 1925
CAUSA NOS- TRÆ LÆTITIÆ

Vol. III. APRIL, 1931 No. 8

PROCURA DI S. CROCE,
19 Via dei Cappuccini,
ROMA, Italia.

FEBRUARY 12, 1931.

DEAR DR. DENGEL:

The Medical Missionaries have written to you, of course, of their stay in Rome. I hope that they have enjoyed it.

I was able to obtain for them a special audience with the Holy Father. It took place on February 5, the day after their arrival, at 12.30. The Holy Father was exceedingly kind, even more than usual. Having heard that they were Medical Missionaries, he said: "We rejoice that you have consecrated your life to such a noble work, and we hope that your example will be followed by many." He asked each one about her place of birth, spoke some words of German to Sister Bernardette and in the end, he gave His blessing to the whole Society, to its Founders and to all its Benefactors.

Please remember me in your prayers and ask the Community to pray for me.

Respectfully yours in J. C.,

G. M. SAUVAGE, C.S.C.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

The Society of Catholic Medical Missionaries is a religious community which was founded in September, 1925, with the approval of His Grace, Most Rev. Michael J. Curley, Archbishop of Baltimore.

The purpose of the Society is to work for the spread of our Holy Faith and to help the sick in foreign mission countries through the establishment of hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and traveling dispensaries, and visiting the sick in their homes. Those who are desirous of devoting their lives to God in the service of the sick in the missions find ample scope for their generosity.

Three kinds of candidates are admitted: Those who are already professionally equipped as doctors, pharmacists, nurses, etc.

Young women who desire to take up medicine, pharmacy or nursing with the intention of devoting their profession to the care of the sick in the missions.

Those who have no medical training or do not wish to take it up, but who are desirous of helping with the non-medical activities, necessarily associated with the work, such as secretarial work, housekeeping, etc. There is scope for every talent.

Address all enquiries to Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C.

Promote Medical Missions by subscribing to "The Medical Missionary." Subscription $1 a year. Address, The Medical Missionary, Brookland, Washington, D. C. Telephone: Decatur 3161.

The MEDICAL MISSIONARY

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PRACTISING MEDICINE IN THE PUNJAB

By JOANNA LYONS, M.D.

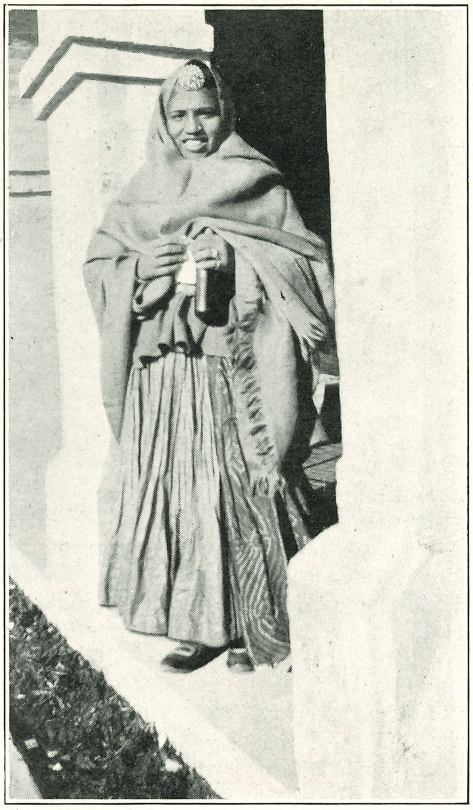
BEGINNING this article I thought of writing about the practice of medicine in India, but I recalled the paradox of an old resident who said, that no matter what question one asked about the country, it could be answered truthfully by both Yes and No. This is because of the great diversities of races, customs and climate, to be found in this sub-continent. Therefore, I will confine my remarks to what has been observed or learned in this corner of north-west India within the last five years.

Medical practice and medical practitioners in India appear to be as heterogenous as anywhere else in the world. There are practitioners from many European countries and from America, native doctors of all kinds, from the graduate of the leading medical schools of the world, to the hakim working in some remote village, whose medical ideas and methods are those of centuries ago. Numerically, the free lances predominate, in spite of the compact hierarchies of the Royal Army Medical Corps, the Indian Medical Service, the Women's Medical Service and the widely distributed units of the different Medical Missions.

This heterogeneity leads to many strange situations in medical practice, and to a fairly general disregard of medical ethics, as regards the courtesy shown to fellow practitioners. This, one sees to be inevitable, when one realizes the attitude of the public toward physicians. I believe that the real cause is a lack of confidence in the honesty, and sometimes in the ability, of any one doctor. Therefore, if a patient is dangerously ill and has sufficient means, it is considered a good idea to call in a series of doctors, perhaps three one afternoon, and three or four others the next. The unfortunate patient may, within a few hours, be subjected to the complete treatment advised by each of several physicians.

Strange situations arise under such conditions, but in a short time one comes to be philosophic, to give advice and treatment, as seems best, without looking much to the past or future, knowing that the same whim or panic, which made the family forsake one physician for you will probably bring in another in your place before long.

With regard to medical women who are ambitious of experience and are willing to undergo the difficulties of medical practice in this very complex country, India offers them a good field. There is no particular prejudice here such as is met with in the West, against women as physicians or as surgeons. In fact, the customs of a large proportion of the women of the East strongly urge them to prefer a woman doctor and in many cases leads them to refuse any other.



A HINDU DISPENSARY PATIENT. SHE SAYS SHE HAS 30 YARDS IN HER SKIRT

The women of the Punjab, and especially the Mohammedan villagers, are a very likeable lot. They are tall and handsome, some being surprisingly fair complexioned. In spite of their very limited education, a large percentage of them are quite illiterate. They have a natural courtesy and good judgment, which quite surprises one who is accustomed to look on book learning as the sole index of culture. Yet they are often strangers to the habits of cleanliness, order and certain things which we esteem a part of decency. This makes hospital discipline somewhat of a burden, when a patient arrives there accompanied by one to five relatives, all of whom remain during the day, and at least one at night.

In India, the patients usually prepare their own food. This necessitates an array of pots and pans, bags of coal and of flour, vegetables, meat, live chickens and such like. A shed for culinary operations is provided outside the hospital building, but it needs continual efforts to confine these activities to that place. It is so much nicer to bring the charcoal burner and the sack of coal to the bedside in order to sit there chatting sociably, peeling potatoes and onions, and dropping all the débris on the floor.

If a patient is in the hospital for some weeks, the relatives become quite at home, sitting about the verandas in groups for long periods, chatting while sewing or crocheting, or engaged in a prolonged search of one another's heads for lice. No one seems particularly ashamed or perturbed on account of lice or bed bugs.

You may wonder why the hospital does not take charge of the patients, and turn the relatives out, except at visiting hours and interdict all untidy moveables. At the present time, in this particular part of India, it is not

(*Conitnued on page* 5)

KAMOLA'S CHILD

By SISTER M. HELEN, R.N.

MARY was the name we gave her after she came under our care. Although born into this world the most unfortunate of babies, yet she was privileged to bear the most sweet name of Our Blessed Mother. She was hopelessly crippled from birth and the doctors who examined her said she would never be able to walk or even to sit upright.

Several times before Mary's birth I visited her mother, a bright-eyed, smiling little Hindoo woman, with three beautiful children. Whenever I came she welcomed me, and followed any advice given. Alas, when this babe came the poor mother was grief stricken and our efforts to comfort her were all in vain.

One morning about a week later the native nurse who attended her, came to me saying, "Sister, our patient, Kamola, in the gulley, wishes to give you her baby." This rather surprised me because the mother seemed to love her little baby very much, in spite of its deformity. The following day when I called, her eyes were swollen from weeping and she sobbed, "What have I done that God should punish me so terribly?" Then looking at her baby, added, "See Sister, what a beautiful face she has, why can she not be perfect like my other children?" After she had become a little calmer, I ventured to ask if it was true that she wished to give us the baby. She looked thoughtful for a few moments and hugging the child more tightly to her breast, said, "Sister, I do not wish to give her away but what can I do with such a baby? Everybody will hate her, the children will ill treat her, and when she grows up no one will marry her. If I give her to you, will you not take care of such a child in your home?"

I assured Kamola that her baby would be well cared for, not in our house but at the convent. "And what will the Sisters at the Convent do with a child like this, will they not hate her?" she asked. I assured her that, because of the baby's condition, she would receive even more love and care than the strong healthy children, and that when she was old enough she would go to school and learn to read and write. Kamola's eyes brightened as she pictured this happy future in store for her little one. I then asked when she wished me to take the baby. "Sister," she replied, "It is my husband's wish that I give my baby to you. I want to keep her. I shall speak with him again, and will you please come in a few days when I shall let you know?"

It was a busy season at the health center and I was not able to return on the expected day. About a week had elapsed, when Kamola's 12-year old son came to the center, with a message from his mother, asking me to come as soon as possible. I enquired if his mother or little sister were ill. "No," he said, "but ma wants you to take the baby." "Certainly," I said, "tell your mother I shall come this afternoon." When I arrived at Kamola's house, I opened the door of the little bed room, a temporary sleeping place, just large enough for the patient to lie down in, about three feet by six, made by screening off a section of the veranda with bamboo mats. Finding it empty, I remembered that 11 days having passed, that the mother and child were readmitted into the house after the purification ceremony. In this she was more fortunate than mothers of a lower caste, who must remain outside during the isolation period of 30 days.

The mother seeing me, called saying, "Sister, come in, I wish to speak to you alone; ask the children to go outside and close the door so that no one can hear." There was only one small window and the room being in semi-darkness, I did not notice Kamola's face until I sat down beside her on the mat. Then I saw livid marks on her face and neck, and her eyes so swollen and discolored that she could scarcely see. In amazement I enquired what had happened. She looked toward the door to assure herself that it was closed and then whispered, "Sister, my husband is a bad man, he has done this, he has beaten me. He beat me yesterday for the second time since the baby was born and now he has left me and I don't know what will happen to me and the children. Perhaps you can find some work for me. I am able to sew and cook." The poor little woman was so weak that she was scarcely able to walk, much less go out to work. "But why has your husband treated you so cruelly?" I asked.

"Because of my crippled baby, my husband says I have sinned and God's curse is upon me." After confiding her troubles to me, the poor woman was terrified for fear her husband should know that she had spoken of this and she begged me not to tell him. I then requested her to send her son to a relative's house in the bazaar, where she thought her husband might be staying, and ask him to come home, as it was necessary to have his permission before taking the baby. He returned in a few hours and very grimly gave his consent, saying, "Take the baby and keep it." The poor little woman wept bitterly as she gave me the child. I comforted her by telling her that she could come to the convent at any time to see it.

After the baby was with the Sisters for a few days the mother came and seemed quite pleased that her child was being so well cared for. While she was with the baby, a loud banging was heard at the convent door, and when the Sister in charge went to open it, she was confronted with an angry mob of about twenty men, shouting and

demanding the baby. They tried to force their way inside, but the frightened Sister called a servant who blocked their entrance. They proved to be relatives of the mother, who no doubt had expressed her grief at losing her child and they, thinking we had taken it against her will, demanded that the Sister give back the stolen baby. With much difficulty, the men were quieted, by explaining that the baby was with the mother, at that very moment, and that any time the parents wished, they might have her back. Later, when the husband called to take his wife home, he said the baby was to remain at the convent. The Sisters had no further trouble with relatives.

Kamola came often to see her child and under the good care of the Sisters it thrived very well for a time on a diet of cow's milk. It is very difficult to get uncontaminated milk in India and in spite of the carefully prepared feedings, the baby developed a severe type of dysentery, which would not respond to treatment. The mother, although convinced of the good care given to the child, stayed with her baby as often and as long as she could be spared from her household duties.

A few days after the baby's death, I called to see the mother and enquired if her husband was treating her properly. "Yes," she said, "there has been no further trouble since the baby was taken away, but I am feeling very lonely now. I do not know why God has sent us all this trouble." I explained to Kamola, that God had indeed sent her a great trial but that now He has called her little one to heaven to dwell in His Presence, where, with her little crippled body radiant and beautiful, she would never know sorrow or trouble but be eternally happy with God. Kamola seemed to understand, and clasping her hands she smiled saying, "My baby is in heaven and will never know any trouble. Now I am happy God has taken her."

The Municipality of Dacca puts a conveyance at the disposal of our Sisters for health visiting at a distance

PRACTICING MEDICINE IN THE PUNJAB

(*Continued from page* 3)

possible. It is a tremendous thing for a women and her family to consent to come to the hospital at all, and she takes the edge off the change by bringing along some of her accustomed environment.

To return to the subject of opportunities for women doctors here. The practitioner who is willing to face the difficulties of language, of experience among Oriental people of alien ideas and limited education, and the period of waiting for the practice to be worked up, can, if she likes and is willing to work, have a professional career as useful, as varied and as satisfactory as anywhere else in the world. The period of waiting to acquire such a practice as will make one quite self-supporting should, according to one who knows the field, be put at two years. It may be less, but it is better to make provision for one's support during this initial period.

For many years the people have been accustomed to free medical advice and treatment in Government and mission institutions. Yet from what I have seen here, working as a mission doctor and doing private practice between whiles, no young woman with a sound medical education, good health, and a fair degree of professional ambition, need fear to embark upon the practice of medicine in India. There is a moral certainty of achieving a useful and satisfactory professional career.

Eastertide

Let hymns of joy to grief succeed,
We know that Christ is risen indeed;
We hear His white-robed Angel's voice
And in our risen Lord rejoice.

With Christ we died, with Christ we rose,
When at the font His name we chose;
Oh, let not sin our robes defile
And turn to grief the Paschal smile.

Ambrosian (4th or 5th Century)

THE SOCIETY AT HOME AND ABROAD

AN EASTER WISH

TO OUR readers, East and West, North and South, we wish a joyous, happy Easter.

We are glad to be able to offer an Easter gift to our friends and benefactors in the form of a special blessing of the Holy Father bestowed on them on the occasion of the private audience granted to our Missionaries recently.

We take this opportunity to ask our readers to help us to work for the triumph of the Risen Savior in all parts of the world and to continue to support our work generously in order that we may be able to help those who come within our care. Apart from our personal services, we can only give what we get. This fact gives the benefactors a greater share in the work than they sometimes realize. The reward must also be without discount, for they have not the satisfaction of seeing with their own eyes or receiving personal thanks.

The Crucifixes for our Mission chapels in India we appealed for in the last number of the magazine have been donated. We are very grateful.

BLESSING OF OUR BELL

On the feast of the Annunciation, which is the patronal feast of our Society, Rt. Rev. Bishop Thomas J. Shahan did us the great honor of coming to our house to bless our bell. Very Rev. Father Mathis, C.S.C., our Ecclesiastical Superior, assisted. The bell will be used to ring the Angelus and on special occasions, such as the departure of Missionaries.

NEWS FROM OUR MISSIONARIES

FEBRUARY 20, 1931.

Sister Margaret Mary writes from Bombay: We arrived safely and gladly yesterday in Bombay; the Franciscan Missionaries of Mary met us, and waited with us until we got through customs.

We can not do a single thing here today as it is some big Hindu holiday and everything is closed; so three medical students, girls, took us to the Jeejee Hospital where we saw everything including two operations, a hernia under local and a bone operation under spinal. Saw a very good idea for surgical gowns, no back in them except a yoke, the sides tie like a kitchen apron. They look much cooler.

Last evening we visited King George's Hospital. The matron is Catholic. It is a hospital of 600 beds; two-thirds of the Christians of Bombay are Catholic and the patients run about the same. Tonight we will be taken through the contagious pavillion, and be shown their routine of cholera and small pox treatment. We saw a splendid case of elephanthiasis in one leg.

We can find out very little about maternity and child-welfare work.

FEBRUARY 25, 1931.

We left Bombay Sunday by the Frontier mail and it took just 39 hours and 20 minutes. The distance is 1,342 miles, so the trains are fine. We had a four-berth compartment and enjoyed the meals. They served even bacon, ham and sausage.

Drs. Lyons and Finnegan met us and Father kindly said Mass for all of us at 5.30.

It is colder here than it was in Washington the day we left. At noon the sun is quite warm.

We begin Hindustani classes tomorrow at 8 a. m. The nurses and patients have us named already à la Indian.

A PRIEST'S GENEROSITY AND SUGGESTION

The following letter was very much appreciated, and a great encouragement coming spontaneously from a dignitary of the Church, a Monsignor who is 80 years old:

"DEAR DR. DENGEL:

"Realizing the good work you are doing, and your apparent struggle in securing the necessary funds to carry on this good and noble work, I have decided to do something for you in the following manner:

"I will give to your Society the sum of $1,000 on the survivorship annuity plan, according to the contract enclosed herewith, you to pay me 3 percent per annum on the same during the remainder of my life and after my death to my housekeeper, during the remainder of her life.

"May I suggest to you that you seek others to enter into annuity contracts. I feel quite sure there are many others who would be glad to enter into such an arrangement, when they are acquainted with the facts and provisions.

"If you wish to accept, I will at once forward my check. I may send more, under same agreement as above, later."

We hope and pray that this example and suggestion may bear fruit for our work.

Turning their thoughts to landscape gardening—just one of the many side lines at the Medical Mission House.

MISSION NOTES

MEANDERINGS OF A MISSIONARY

THIS missionary is yours truly, the Editor. Every now and then I am invited to give a talk on Medical Missions. In spite of the talks and talks and talks, I have given on the subject, I enjoy giving more talks, not because the subject is new, but the audience. And the audience I consider as potential candidates, or friends of Medical Missions. The Holy Father said to our Sisters that it is his great desire and ambition to foster public interest in Medical Missions. The Holy Father realizes that in a work like ours, public interest is absolutely necessary. By explaining the conditions of the women of the Orient and the need for medical aid, Catholics cannot help but be interested. It is a case of "love thy neighbor as thyself."

I would like to express my most heartfelt thanks to all who have in the past so cordially and generously helped to promote our aims and ideals by giving the opportunity of making them known.

Recently I am particularly indebted to the following for kindly arranging lectures on Medical Missions:

Rev. Louis Vaeth, diocesan director of the Propagation of the Faith, Baltimore, Md.

Sister Superior, St. Anthony's High School, Brookland, Washington, D. C.

Rev. Joseph Brophy, diocesan director of Catholic Hospitals in Brooklyn, N. Y., and the Sisters Superiors of Mary Immaculate Hospital, Jamaica, N. Y., St. Mary's and St. Catherine's Hospitals, Brooklyn, N. Y.

Rev. James Barr, St. Mary's Rectory, Long Island City, N. Y., president of Medical Mission units composed of young ladies who are most zealous in making surgical dressings for the Missions.

Rev. Thomas McDonnell, diocesan director of the Propagation of the Faith in New York, who arranged a Medical Mission talk in the lenten series in the Cathedral Hall.

Rev. Mother Superior, Marie Reparatice Convent, New York.

Sister Superior, St. Vincent's Hospital, New York.

Miss Frances Coleman, drawing room meeting, New York.

Miss B. Taggart, R.N., Welfare Island, New York.

Sister Superior, St. Joseph's Hospital, Lancaster, Pa.

Rev. P. Gieringer, Catholic High School, Lancaster, Pa.

Sister Superior, St. Joseph's Hospital, Fort Wayne, Ind.

Sister Superior, Kneipp Sanitarium, Rome City, Ind.

Rt. Rev. Msgr. McCormick, Sister's College, Brookland, D. C.

MISSIONS OF IMPORTANCE TO THE ORIENT

To Investigate the Conditions of the Women of the Orient

Under the auspices of the League of Nations and the financial assistance of the Rockefeller foundation, a group of research workers have gone to the Orient to report to the world their findings of the conditions of the women of the Orient. Such an investigation properly carried out, promises a great step forward in the brotherly and sisterly love of the world. Many people are willing to help, but one must know the roots of the trouble and one must have an avenue of access. The creating of public opinion seems the quickest road to the latter. We are eagerly looking forward to the report.

A PROTESTANT MISSION OF INQUIRY TO CHINA

In the *China Weekly Review* we read that during 1930 various economic missions were sent to China by the Germans, English, Canadians. The latest is "The Laymen's Foreign Mission Enquiry," financed by a group of influential laymen of seven denominations, who originally aimed to conduct an independent study of the work of their denomination in the Orient. They planned also to investigate the work of the national churches which had grown out of them in China, Japan and India. This enquiry will constitute the first scientific and comprehensive examination into protestant missions in the Orient and will require about two and a half years. The chairman of the commission says: "With the opening up of the Far East to Occidental influences, the problems confronting our missionaries have become increasingly complicated. Occidentalism with all its physical and intellectual complexities has invaded China, Japan and India, to the utter bewilderment of a large mass of the people, who are endeavoring to compromise between their old religious beliefs, social customs and mental attitudes and those which have come pouring in upon them from the West. We have only to look at the tremendous changes which have been manifested in Indian and Chinese thought, within, I might almost say, recent months, to realize that conditions in the Orient are in a state of flux, and that it is our obvious duty to overhaul our missionary organization and see whether it is capable of keeping pace with this rapid process of development."

EDITOR'S NOTE: Does the Catholic laity realize the strain that the present-day missionary is under, to cope with the rapid transition, the great requirements to keep pace with the awakening of great nations? Is not the Missionary hindered in his unprecedented opportunities by the blissful slumber of ignorance of a great number of Catholics and indifference to the greatest Cause in the world, the spreading of the Eternal Truths?

Missionaries are making sacrifices. One need only open the mission journals which describe in simple and humble language their tortures and privation, in China for instance. If the Catholic laity would make half the sacrifices for the spread of Our Holy Faith, progress would be made by leaps and bounds. The Students Mission Crusade in America and similar organizations in Europe promise a new era of mission interest, but must we wait till the students of today are men and women of influence and power?

SALE OF INFANTS IN INDO-CHINA

That the selling of infants in the Orient continues to go on cannot be denied, although it is not lawful. What is the cause of it? Misery.

Le Petit Parisien gives the account of Doctor Rongier, a French physician at the Hospital of Namdrish.

The sale of infants has never ceased says the doctor, but this year they were more numerous. The mission sisters bought about 30 "nho" (infants) at an average price of a piastre and a half. The selling of infants is less cruel than the exposure to public assistance.

If the "nho" is bought by the Sisters, he or she will be well nourished, will learn a useful occupation or trade and the mother can always see the child.

If the child is bought by a native, he will not be treated badly and he will become a member of the family. The Annamites who have no male children buy boys to have somebody to light the funeral pyre and to carry the bowls of offering to the altar of the ancestors.

The doctor adds: it is not dangerous to tell the truth; "one cannot cure a disease without examining it. Silence is the danger."

The mission intention for April is "Indo-China."

GLIMPSE AT THE HEALTH REPORT OF AN ORIENTAL CITY

Administration Report of the Municipal Commissioner for the City of Bombay for the Year 1929-30. The Times of India Press. 1930.

BOMBAY covers an area of 23.34 square miles. Its population in 1931 was 1,175,914. The report states the death rate per 1,000 was 20.4, the lowest since 1872. The census of 1921 showed that 66 percent of the population of Bombay live in one-roomed tenements. An interesting analysis shows that the age group 10-15 gives the lowest percentage of mortality and that from birth up to 30 years of age, the female death rates are higher than the male, but after 30 the reverse is the case. Out of 26,555 deaths, certificates of death were received in only 9,259 cases. Of these more than half came from hospitals; so that amongst the general public not dying in hospitals, less than 10 percent of deaths were certified. The number of certificates, however, is increasing year by year. As elsewhere in India, respiratory diseases (12.7 per 1,000) easily head the list of causes of death; congenital debility and diseases of early infancy come next (2), malaria, ague and remittant fevers are third (1.4) and fourth comes tuberculosis (1.2).

The infantile mortality rate was 298 per 1,000 registered births which shows a decrease on 1928 and the 10-year average. Seventy-three percent of infant deaths were due to respiratory disease, infantile debility and premature birth; diarrhoea and convulsions constitute most of the other deaths. Over one-third of the infant deaths takes place in the first month of life and one-fifth in the first week. In the remaining 11 months of the first year respiratory affections constitute the largest proportion of deaths. In addition to poverty and ignorance, the health officer ascribes malaria as an added factor in the production of the high infant mortality rate in Bombay.

The highest percentage of infant deaths take place in one-roomed houses. From the practical aspect a good deal is done; 10 municipal obstetrical nurses visit daily the chawls and houses of the poor; give advice and help of various sort and advise women to go to maternity homes; if they do not, they attend them in their houses, providing bedding and a few comforts. This is most excellent work and must be doing a great deal of good. Maternity homes are 4 in number with 125 beds and 3,051 women availed themselves of them during the year. There are 9 maternity and child welfare centers, under a society, which are doing very good work indeed!

Plague was negligible during 1929, only 36 cases being recorded. Six hundred thirty-eight thousand and thirteen rats were collected and destroyed; 266,187 were examined at Parel and 512 found infected—about one-fourth of the proportion found infested in 1929.

Smallpox was prevalent, causing 0.9 per 1,000 mortality.

Cholera caused only 18 deaths.

Tuberculosis is a very serious factor and problem: 1,520 deaths were reported, giving a rate of 1.2 per 1,000; 1,335 were due to phthisis. The death rate appears to be fairly constant from year to year. There are two dispensaries for out-patients. There is a museum at the headquarters of the Anti-Tuberculosis Association where exhibits and literature are available to the public.

Malaria along with ague and remittant fever caused a recorded death rate of 1.4 per 1,000—higher than tuberculosis therefore. No mention is made of Major Covell's report on malaria but a considerable amount of anti-malarial work is reported. Systematic inspections of areas are made every week; breeding places are treated and action against house owners instituted when necessary. The spleen rate for the whole city is 7.8 percent. Some areas show rates of 16 and 14.

Parasite rates though not done on large numbers are as high as 56 percent in certain areas. The incidence of malaria amongst British troops in Bombay is 200 per 1,000, but the Medical Officer of Health is of opinion that the figures do not show any increase in malaria at Colaba due to the reclamation of Back Bay. The records of examination of wells, cisterns and tanks bear testimony to the activity of the staff.

Medical Relief.—There are 13 dispensaries for relief to the poor.

Milk Supply.—For many years the corporation have had a scheme for transferring all the buffalo stables of the city outside, but legal difficulties have apparently stood in the way; these should be remedied by law. The milk produced provides an average of 3.1 ounces per head per day. The Medical Officer of Health considers this an inadequate average for a population largely vegetarian. Seventy-eight percent of the milk comes from the stables within the city. A great deal of skimmed milk from Gujrat has formalin and boracic acid added as preservatives. Systematic examination is done at stations to detect such consignments which are destroyed.

One of the main difficulties about environmental improvement in Indian cities is that of housing. The Bombay Improvement Trust has been at work for some years and many insanitary areas have been acquired and demolished and apparently the number of sanitary dwellings built to replace these has not kept the necessary pace with demolition. Under the Development Directorate Scheme, however, 207 new chawls (tenement houses) have been erected for the working classes. The improvement of defects in housing by inspection and notices is being carried out systematically. Each inspector examines five houses per week. Second visits are paid to see that the requirements are enforced.

The report of the Arthur Road Infectious Diseases Hospital contains some interesting points. The new treatment of smallpox with xylol was tried but no special beneficial effects noted.

Dr. Patel is of opinion that scarlet fever occurs in Bombay in an appreciable number of cases. Anti-scarlatina serum was tried with benefit in a septic case.

The Maratha Plague Hospital reports the treatment of plague with tincture iodi. m x, camphor gr. v, thymol gr. v. intravenously morning and evening with recovery. Mercurochrome was unsuccessful.

Tuberculosis.—Into the Maratha Hospital there were admitted 495 cases of advanced tuberculosis for isolation. These cases were naturally unsuitable for treatment, but solganol, lopion and sanocrysin were tried and improvement to some extent noted. Collosal antimony in some cases seemed to reduce septicity.

In the Municipal Laboratory 12,757 samples of various sorts were examined. Interesting points were: one-third of the samples of milk examined were adulterated; under the Adulteration Act, 38 percent of clarified butter samples were found to be adulterated.

The samples of drinking water examined were all of a high standard of bacteriological purity, we believe that all the tap water is chlorinated, though we found no reference to the fact in the report.

Ninety-five percent of the Haj pilgrims leaving Bombay were vaccinated prior to embarkation. It is noteworthy that there was no prosecution in Bombay under the Vaccination Act for failure to bring infants for vaccination or failure to present them for inspection. Fourteen thousand six hundred and nineteen primary vaccinations in infants under 1 year were done; the number of registered births was 24,220. We read the report with interest and there is much evidence of honest routine good sanitary work, which after all is the thing that counts.